

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA  
DRIVER STATEMENT OF APPLICANT**

TCP- \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

DOING BUSINESS AS (DBA): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street Address City County State Zip Code

PHONE: ( ) \_\_\_\_\_  
Area Code Phone No.

REQUESTER CODE NUMBER: \_\_\_\_\_

APPLICANT PROPOSES TO EMPLOY THE FOLLOWING DRIVERS (INCLUDING APPLICANT IF APPLICABLE), PROVIDING EACH DRIVER IS ELIGIBLE FOR A DRIVING CERTIFICATE. THIS LIST MUST BE A COMPLETE LIST OF ALL DRIVERS EMPLOYED BY YOUR COMPANY.

**FOR PUC  
USE ONLY**

CALIFORNIA DRIVER LICENSE NO.	BIRTH DATE MO/DAY/YEAR	FULL NAME OF DRIVER	CLASS OF LICENSE	STATUS

CONTINUE ON BACK IF NECESSARY

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature** of Individual Applicant, or Authorized  
Corporate Officer, Manager Member or LLP/LP  
Partner

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

TCP-\_\_\_\_\_

**FOR PUC**  
**USE ONLY**

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